Worksheet 3

	CALCULATION FOR JOINT PHYSIC	LAL CUS	TODY	
		Mother		Father
1.	Each parent's percent contribution (% from line 6, worksheet 1)			
2.	Monthly support obligation from table 1 (from line 7, worksheet 1)			
3.	Joint physical support obligation (line 2 times 1.5)			
4.	Each parent's share (line 1 times line 3)			
5.	Number of days annually child(ren) is in custody of each parent			
6.	Percentage of year child(ren) is in custody of each parent (line 5 divided by 365)			
7.	Mother's obligation to father (line 4 mother column, times % on line 6 father column)			
8.	Father's obligation to mother (line 4 father column, times % on line 6 mother column)			
9.	Father/mother obligation for support (difference between lines 7 and 8)			
		((mother/father)	
Additional	Adjustment for Child(ren)'s health insurance premiur	n		
		Mother	Combined	Father
10.	Child(ren)'s health insurance premium* (from line 8, worksheet 1)			
11.	Combined health insurance premium(s)			

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12.	Each parent's share of premium (line 1 times line 11)	
13.	Amount of premium paid (line 10)	
14.	Amount owed to other parent for premium (line 12 minus line 13, if negative amount enter \$0)	
15.a.	Which parent owes basic support on line 9?	(mother/father)
15.b.	Which parent owes support for health insurance on line 14?	(mother/father)
15.c.	Does the same parent owe support on lines 15a and 15b?	(Yes/No)
16.	Total support to be paid by parent on line 15a (if YES on line 15c, line 9 plus line 14; if NO on line 15c, line 9 minus line 14)	

Worksheet 3 amended effective July 1, 2007; worksheet 3 amended October 24, 2007.

^{*} The parent requesting an adjustment for health insurance premiums must submit proof of the cost of the premium for the child(ren).